

**APPENDIX D
STUDENT REFERRAL FORM**

I. Student: _____ Referred By: _____
 Student #: _____ Date: _____
 Grade: _____ Time: _____

TO: Administration _____ Guidance _____ ESE _____

II. Reason For Referral:⁽¹⁾ _____

III. Previous Teacher Action

<input type="checkbox"/> Student Conference	<input type="checkbox"/> Progress Report	<input type="checkbox"/> Detentions
<input type="checkbox"/> Guidance Referral	<input type="checkbox"/> Parent Contact	<input type="checkbox"/> Parent Conference
<input type="checkbox"/> Administrative Referral	<input type="checkbox"/> Student/Team Conference	<input type="checkbox"/> ESE/Specialist Referral
<input type="checkbox"/> Child Study/IAT Referral		

Other: _____

IV. Consequences Of The Student's Action
 As the affected student's teacher, I recommend the following consequence(s) for this student's offense _____

V. Administration Action And/Or Comments
 Date of Action _____

_____ Detentions	_____ External Suspension	_____ Student Conference
_____ Saturday School	_____ Internal Suspension	_____ Parent Contacted
_____ Social Worker Contacted	_____ Parent/Teacher Conference	_____ Parent Conference
_____ Referred to Conflict Mediation	_____ Referred to Guidance	_____ Work Detail

VI. Consequences of Recurring Behavior: _____

VII. Student Signature: _____
 Administrator/Counselor Signature: _____

Parent Signature Requested by Administration: Yes No _____

(1) Please review the Student Conduct and Discipline Code Booklet for actions that lead to referrals.

White Copy #4620 1/97 Administrator File Pink Copy: Originator Yellow Copy: Parent/Guardian